

Medical Assessments, Inc.
4833 Thistledown Dr.
Fort Worth, TX 76137
P: 817-751-0545
F: 817-632-9684

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X with an occupational claim from X.

X: Office visit by the X. Claimant was seen in the office for chief complaint of X. The claimant rated X pain as a X. The pain was described as X. The diagnosis for the encounter was X.

X: UR performed by X, DO. Rationale for denial: In the clinical records submitted for review, there was not documentation of an X-ray or X that indicated any of the rationales in the guidelines for X MRI. In addition, there were no objective findings documented in the clinical documentation submitted for review. Therefore, the request for X MRI X is not medically necessary.

X: UR performed by X, MD. Rationale for denial: Claimant reported X. X is X. On PE, claimant has X. Based on the clinical information provided, the request for X MRI X is not recommended.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Based on the records submitted and peer-reviewed guidelines, there was not documentation of an X-ray or X that indicated any of the rationales in the guidelines for X MRI. In addition, there were no objective findings documented

in the clinical documentation submitted for review. Therefore, the request for X MRI X is not medically necessary.

The request for X MRI X is found to be not medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)